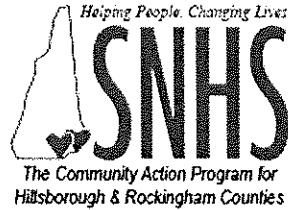


Southern New Hampshire Services



Retired and Senior Volunteer Program (RSVP) BONE BUILDERS EXERCISE PROGRAM

MEDICAL RELEASE STATEMENT FOR EXERCISE

Patient Name (please print): _____

Address: _____

Class Location: _____

Your patient would like to participate in an on-going osteoporosis prevention exercise program. The **RSVP BONE BUILDERS** Program is based on a program originally developed at Tufts University. Research published in the New England Journal of Medicine and JAMA have demonstrated conclusively that weight training and balance exercises give participants the strength and stability to significantly reduce incidents of falling and fracturing bones.

Your patient needs your medical clearance in order to join a class. Your patient can provide you with more detailed information about the program if desired. You can also contact us at (603) 598-9421.

This form can be faxed to the Manchester RSVP office at (603) 641-6054.

My patient has no current medical problems that prevent his/her participation in **RSVP BONE BUILDERS** progressive weight and balance training program.

Physician's Name: _____

Address: _____ Phone: _____

Signature: _____ Date: _____